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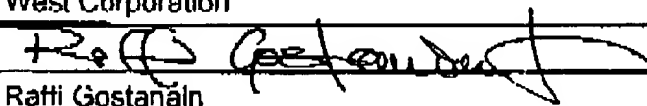
MAR 22 2006

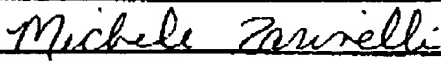
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TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	09/692,575	
	Filing Date	10/18/2000	
	First Named Inventor	Paul Kavulak	
	Art Unit	2663	
	Examiner Name	Derrick W. Ferris	
Total Number of Pages in This Submission	13	Attorney Docket Number	PA1-002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	West Corporation
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Printed name	Raffi Gostanain
Date	3/22/06
Reg. No.	42,595

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Typed or printed name	Michele Zarinelli
Date	3-22-06

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Fees pursuant to the Consolidated Appropriating Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790.00

Complete if Known

Application Number 09/692,575
Filing Date 10/18/2000
First Named Inventor Paul Kavulak
Examiner Name Derrick W. Ferris
Art Unit 2663
Attorney Docket No. PAT-002

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify):
☒ Deposit Account Deposit Account Number 501880 Deposit Account Name West Corporation
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	160	180

Total Claims - 20 or HP = Extra Claims Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP = Extra Claims Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(s).

Total Sheets - 100 = Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE

Fees Paid (\$)

790.00

SUBMITTED BY

Signature [Signature] Registration No. 42,595 Telephone 972.849.1310
Name (Print/Type) Raffi Gostanian Date 3/22/06

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